



City and Borough of Juneau, Alaska
BUSINESS REGISTRATION FORM

CBJ USE ONLY			
BP Property Account No.	Sales Tax Account No.	Date	Initials

Business Identification	Is this a: New Business () Change in Ownership () * <i>Complete Previous Owner section below</i>			
	Business Name		AK Business License No.	
	Doing Business As			
	Line of Business		EIN Number	
Contact Information	Sales Tax Contact Information			
	Mailing Address			
	City		State	Zip
	Contact Name and Title		Contact Phone No.	
	Business Personal Property Contact Information <i>Complete this section only if Property Tax Contact Information differs from Sales Tax Contact Information</i>			
	Mailing Address			
	City		State	Zip
	Contact Name and Title		Contact Phone No.	
Other Business Info	Physical Location (Street Address)			
	City	State	Zip	CBJ Use Only M Q Y
	Business Phone No.			
	General Description of Business Activity			
	Start Date of Business Activity in Juneau			
	Type of organization: Sole Proprietorship () Partnership () Corporation () Other () _____			
	Will this business be selling liquor?		Is it a Hotel/Motel or Bed & Breakfast?	
*Previous Owner	Previous Owner Name			
	Previous Owner Address			
	City		State	Zip

Under penalty of unsworn falsification, I attest that to the best of my knowledge that the information provided on this application is true and correct.

Signature

Date

If this business is a corporation, an officer or director of the corporation must sign this form.

**Continued on the back of the form -
Applicants must complete both sides.**

Continued

Owner Information	Individual Information is required on all owners of the business**		
	Last Name	First Name	Middle Initial
	Mailing Address		
	City	State	Zip
	Street Address		
	City	State	Zip
	Work Phone	Social Security No.	
	Home Phone	Driver's License No.	State
	Office or Title		Date of Birth
Owner Information	Individual Information is required on all owners of the business**		
	Last Name	First Name	Middle Initial
	Mailing Address		
	City	State	Zip
	Street Address		
	City	State	Zip
	Work Phone	Social Security No.	
	Home Phone	Driver's License No.	State
	Office or Title		Date of Birth
Owner Information	Individual Information is required on all owners of the business**		
	Last Name	First Name	Middle Initial
	Mailing Address		
	City	State	Zip
	Street Address		
	City	State	Zip
	Work Phone	Social Security No.	
	Home Phone	Driver's License No.	State
	Office or Title		Date of Birth
Owner Information	Individual Information is required on all owners of the business**		
	Last Name	First Name	Middle Initial
	Mailing Address		
	City	State	Zip
	Street Address		
	City	State	Zip
	Work Phone	Social Security No.	
	Home Phone	Driver's License No.	State
	Office or Title		Date of Birth
Owner Information	Individual Information is required on all owners of the business**		
	Last Name	First Name	Middle Initial
	Mailing Address		
	City	State	Zip
	Street Address		
	City	State	Zip
	Work Phone	Social Security No.	
	Home Phone	Driver's License No.	State
	Office or Title		Date of Birth

**Attach additional owner information if necessary.